

## VDH Guidance for Inpatient Obstetric Care for Persons with Confirmed or Suspected COVID-19

April 17, 2020

### **General Infection Control and Personal Protective Equipment (PPE)**

- In general, infection control recommendations are the same for an obstetric patient with confirmed or suspected COVID-19 as for other patients in the hospital.
- The facility should identify space to isolate laboring and postpartum patients, provide training to staff on infection control practices, and ensure PPE and supplies needed for hand hygiene and environmental cleaning and disinfection are available and positioned for use. Staff caring for a patient with confirmed or suspected COVID-19 should wear an N95 respirator or facemask, eye protection, gloves, and a gown.
- The patient should be in a private room, with a separate bathroom, and the door to the hallway should remain closed. If the number of infected patients increases, they should be placed in designated units with designated staff.
- Detailed infection control guidance can be found in the following resources:
  - The Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings ([www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html))
  - CDC Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings ([www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)). The American College of Obstetrics and Gynecologists (ACOG) and the Virginia Department of Health (VDH) have adopted these guidelines.
- VDH recommendations for releasing cases and contacts from isolation and quarantine are available at [http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic\\_FINAL.pdf](http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic_FINAL.pdf).

### **Challenges and Special Considerations in Labor and Delivery and the Postpartum Period**

- Visitors
  - Visitors should be limited to those essential to the pregnant woman's well-being and care. The facility may institute a limit of one visitor per patient if transmission is ongoing in the community. This limitation does not mean one visitor at a time, but rather, the same visitor for the duration of the hospital stay.
  - Each visitor should be screened for illness and denied entry if fever or respiratory symptoms are present. Visitors who enter the facility must practice good hand and respiratory hygiene (i.e. frequent hand washing, sneezing into a tissue or their elbow, wearing a mask.) Those visitors present during labor and delivery should wear PPE in accordance with current facility policy.
- Masking of the Patient with Confirmed or Suspected COVID-19

- Although a person with suspected or confirmed COVID-19 would normally be instructed to wear a mask, the feasibility of this should be given special consideration for women in labor. According to ACOG, “active pushing while wearing a surgical mask may be difficult and forceful exhalation may significantly reduce the effectiveness of a mask in preventing the spread of the virus by respiratory droplets.” (COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics, see [Resources](#) listed at the end of the document)
- Because requiring a woman in labor to wear a mask is potentially impractical and ineffective, it is very important for healthcare providers who are in the labor and delivery room with a patient suspected or confirmed to have COVID-19 to wear N95 respirators and proper PPE, to follow proper donning and doffing procedures, and to diligently practice all recommended infection control guidance.
- Laboratory Testing for SARS-CoV-2
  - Pregnant women with symptoms of COVID-19 who present for inpatient care should be prioritized for testing.
  - Infants born to women with recently confirmed COVID-19 should be tested immediately following delivery. This is important for patient management decisions. If the infant tests positive, mother and baby may be housed together.
  - Public health testing of inpatient pregnant women with COVID-19 symptoms and newborn infants is available at the Division of Consolidated Laboratory Services (DCLS). To request public health testing at DCLS, submit a request using the VDH online COVID-19 Testing Request Form (<https://redcap.vdh.virginia.gov/redcap/surveys/?s=EWFER7X7YX>).
  - Hospitals may elect to conduct additional testing in-house or through a commercial laboratory depending on testing availability and hospital policy. Some are conducting universal screening and using those results to inform clinical management (See NEJM reference in Resources listed at the end of the document).
- Infant Isolation Considerations
  - Infants born to women with confirmed COVID-19 should be separated from other infants and managed according to CDC guidelines for persons with suspected or confirmed disease in healthcare settings ([www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)).
  - Infants born to women with suspected COVID-19, or in whom COVID-19 testing is pending, should be treated as a patient under investigation and managed as if infected until COVID-19 is ruled out.
  - From the perspective of preventing the spread of COVID-19, separation of a mother with confirmed COVID-19 from her newborn may be preferred until transmission-based precautions are discontinued. However, because of the known benefits of mother-infant contact and the potential adverse effects of separation, this decision should be made on a case-by-case basis. The physician should discuss the potential risks and benefits of isolation with the mother, and the mother should be actively involved in the decision-making.

- The final decisions may be based on the clinical condition of the mother and infant, laboratory test results, desire to breastfeed, facility capacity for separate housing, and other potential risks and benefits. In some situations separation will be unavoidable, such as if the mother is severely ill and needs to be cared for in a different unit of the hospital.
- If the decision is made to separate the mother and infant, a healthy caregiver should provide care to the infant, following hand hygiene and PPE recommendations. The facility should assess the impact of separation on the mother and make mental health or social work services available as needed.
- If the mother and infant are to be housed in the same room, risk of transmission can be reduced by placing a curtain between their beds and having the beds spaced 6 feet or more apart. The mother should put on a facemask and perform hand hygiene before any close contact with the infant.
- Visitors to the infant should be limited to a healthy parent or caregiver and should wear a gown, gloves, facemask, and eye protection during the visit.
- Breastfeeding
  - Breastmilk is not considered to be a vehicle of transmission for the virus that causes COVID-19; however, the process of breastfeeding increases the risk of transmission of the virus through droplets due to the close contact between the mother and the infant.
  - If mother and infant are being separated and the mother desires to breastfeed, it is recommended that the mother express the milk using a dedicated breast pump. After pumping, all parts of the pump should be washed and the pump disinfected. The milk should be given to the baby by a healthy caregiver.
  - If the mother and infant are rooming together and the mother breastfeeds directly, she should wear a facemask and perform hand hygiene before each feeding.  
[www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html)
- Steps to Follow at Home
  - The mother should continue use of facemask and strict attention to hand hygiene before close contact with the infant until transmission-based precautions are removed.
  - Such precautions can be discontinued when 1) the mother is fever free, her respiratory symptoms have improved, and she has tested negative for SARS-CoV-2 RNA on two consecutive specimens collected ≥24 hours apart; OR 2) three days have passed since she has had a fever, her respiratory symptoms have improved, and it has been at least seven days since her symptoms began. As testing for COVID-19 becomes more available, the test-based strategy is preferred.
- Communication with Outpatient Pediatrician
  - The obstetrician and newborn nursery providers should ensure that all information about the mother and infant's COVID-19 status is communicated to the outpatient pediatrician who will be caring for the newborn.

### **Resources for Additional Detail**

#### **Centers for Disease Control and Prevention:**

Considerations for Inpatient Obstetric Healthcare Settings

[www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

[www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

#### **American Academy of Pediatrics:**

FAQs: Management of Infants Born to COVID-19 Mothers

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/faqs-management-of-infants-born-to-covid-19-mothers/>

INITIAL GUIDANCE: Management of Infants Born to Mothers with COVID-19 Date of Document: April 2, 2020

<https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf>

#### **American College of Obstetrics and Gynecology:**

COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics

<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>

(See Section on Staffing, Personnel, and Hospital Resources, question about PPE)

#### **New England Journal of Medicine (NEJM) Letter to the Editor on Universal Screening:**

Universal Screening for SARS-CoV-2 in Women Admitted for Delivery, Sutton D, Fuchs K, D'Alton M, Goffman D, (Columbia University Irving Medical Center, New York, NY), April 13, 2020

[www.nejm.org/doi/full/10.1056/NEJMc2009316](http://www.nejm.org/doi/full/10.1056/NEJMc2009316)